



### MUNICIPAL COURT MONTHLY FINANCIAL REPORT

See Instructions on reverse side.

County Name <b>Milwaukee</b>		County Code # 40	Report for Month/Year Oct 09	
Municipal Name (Indicate if Town, Village or City) West Allis		Municipal Code # 292	Telephone # ( 414 ) 3028030	
<b>I. MUNICIPAL COURT OFFICIAL</b>	<b>Total Amount Collected</b>	<b>Share to be retained by Municipality</b>	<b>Share to be sent to County</b>	<b>Share to be Sent to State</b>
1. Forfeitures for Municipal Ordinance Violations (Except for Municipal Ordinances in Conformity with Ch 348, Stats.)	59,133.80	100% 59,133.80		
2. Municipal Court Costs (Chapter 814, Subchapter II, s. 814.65, Stats.)	14,682.40	100% of amount in excess of \$5.00 for each forfeiture 12,054.40		\$5.00 for each forfeiture 2,628.00
3. Penalty Surcharges (s. 757.05, Stats.)	13,399.90			100% 13,399.90
4. County Jail Surcharges (s. 302.46(1)(a), Stats.)	5,280.00		100% 5,280.00	
5. Driver Improvement Surcharges (s. 346.655, Stats.)	5,283.00		60% 3,169.80	40% 2,113.20
6. Crime Lab and Drug Enforcement Surcharges (s. 165.755(4), Stats.)	5,611.27			100% 5,611.27
7. Domestic Abuse Surcharges (s. 973.055(2)(b), Stats.)				100%
8. Truck Weight Restrictions (Municipal Ordinances in Conformity with Ch. 348, Stats., s. 66.12(3)(c))		\$150 for each forfeiture		100% of amount in excess of \$150.00
9. Adjustments (Attach Explanation)				
10. Totals	103,390.37	<b>71,188.20</b>	8,449.80	<b>Pay This Amount</b> 23,752.37

#### II. CERTIFICATION OF MUNICIPAL COURT OFFICIAL

I hereby certify that this report reflects all actions requiring forfeitures, court costs and surcharges collected during the month designated.

Name: Paul M. Murphy Signature: *Paul M. Murphy* Date: 11/3/09

#### III. TREASURER'S CERTIFICATION

I hereby certify that the above amount due the state has been received. After so certifying, a copy of this report will be returned to the signer of this report as a receipt, and the stated amount will be remitted to the Department of Administration with this report.

Treasurer: *Paul M. Zepher* Date: 11/5/09

In the event the Department of Administration has questions about this report and payment, who should we contact?

Name: Ann M. Drosen Telephone # ( 414 ) 3028030 Email Address adrosen@ci.west-allis.wi.us